

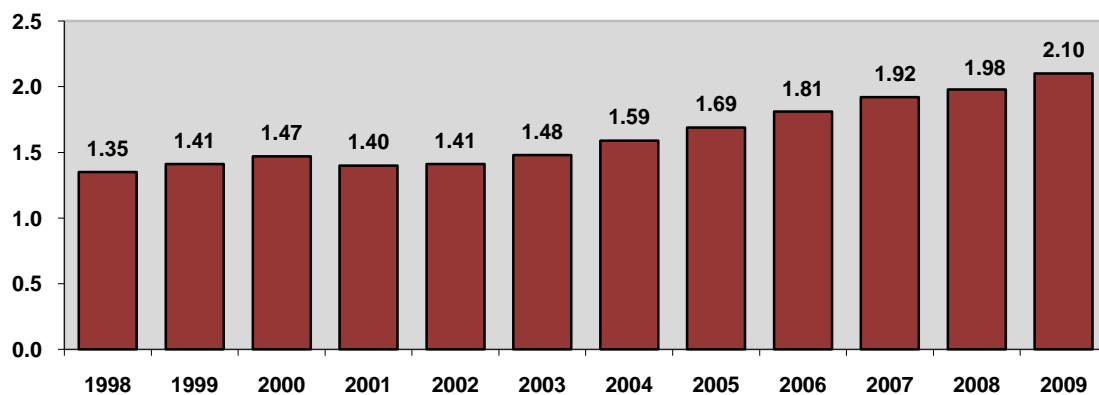
DRUG USE PROFILE

Iowa's Adult Population Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the “Behavioral Risk Factor Surveillance System” compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1998 – 2009

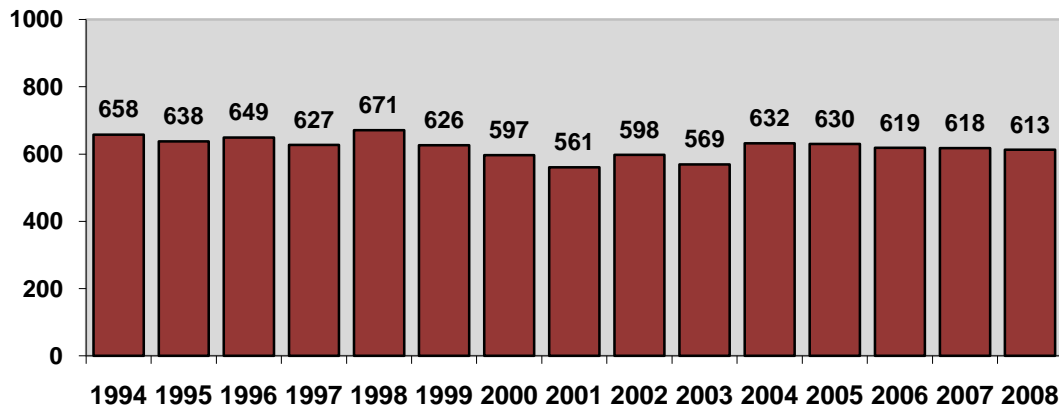


Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Figure 1 indicates that since 1998 alcohol consumption has steadily increased (55.5% over the past eleven years) reaching its current high of 2.10 gallons per capita in FY 2009.

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

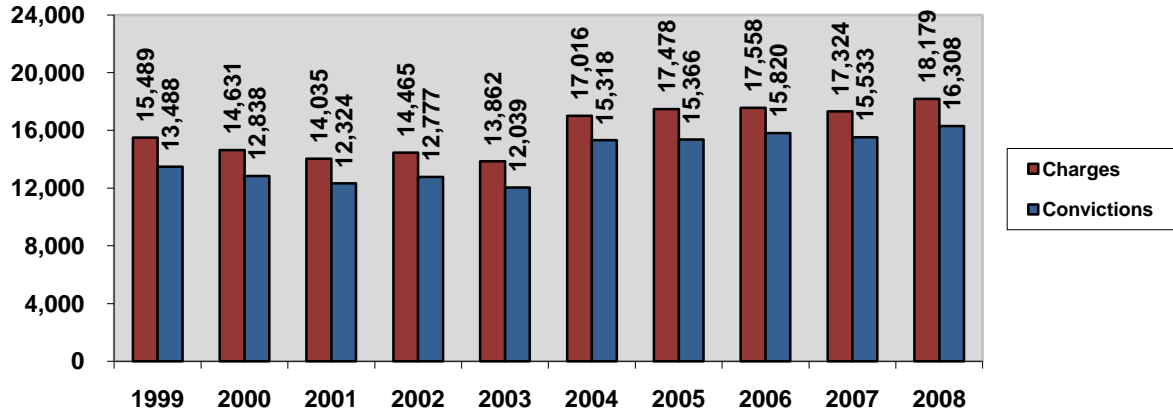
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2008



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2008, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years. See Figure 2.

Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2008

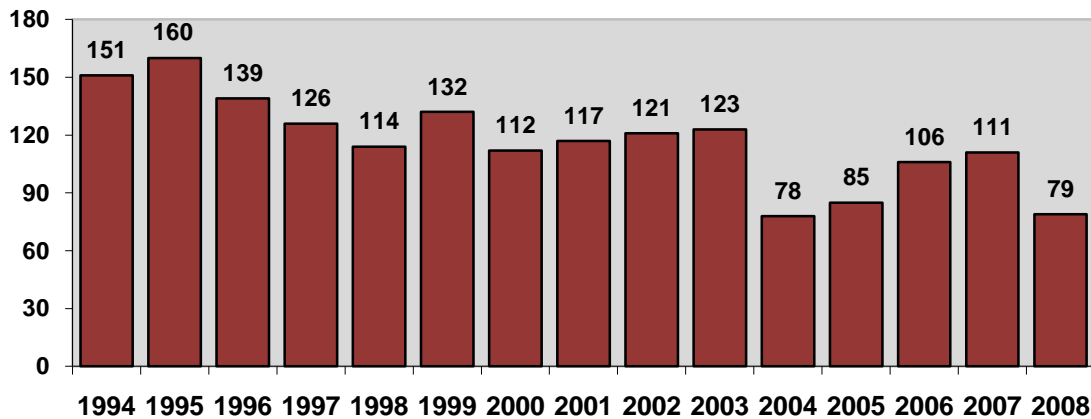


Source: Division of Criminal and Juvenile Justice Planning

**Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2008, OWI represented 21.1% of the charges disposed and 30.7% of the overall convictions for serious misdemeanors and above. See Figure 3.

Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2008

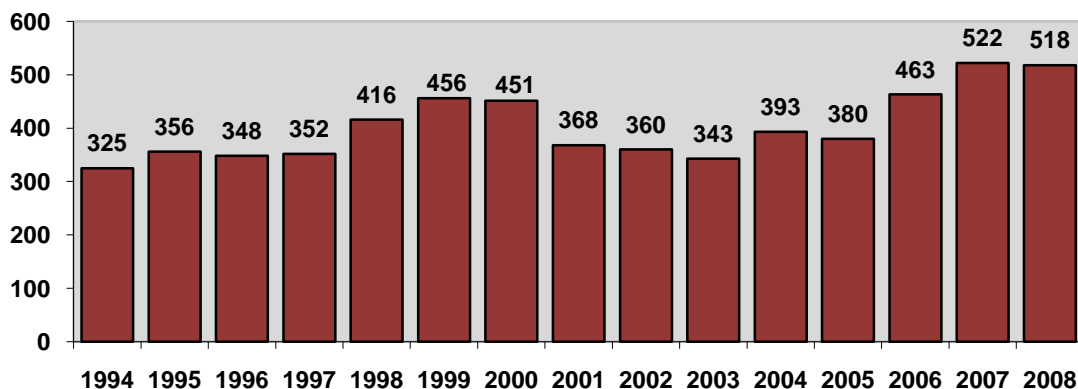


Source: Iowa Department of Transportation

Alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation (DOT) have varied significantly over the past five reporting periods. However, the fatality rates for this period remain considerably lower than those reported for the previous 10 years. In 2008, the DOT reported the second fewest alcohol related fatalities in a fifteen-year reporting period. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals that following several years of decline, the past three reporting periods show a significant increase, with a record high in 2007. See Figure 5.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2008



Source: Iowa Department of Public Safety

The Iowa Department of Public Health (IDPH) Division of Behavioral Health requires all licensed substance abuse treatment providers to report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

**Figure 6a - Primary Substance of Abuse for Clients
Screened/Admitted to Substance Abuse Treatment SFY 2009**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,720 (39.5%)	25,823 (63.7%)	61.4%
Marijuana	2,415 (55.5%)	8,034 (19.8%)	23.2%
Methamphetamine	58 (1.3%)	3,438 (8.5%)	7.8%
Cocaine/Crack	28 (.6%)	1,643 (4.1%)	3.7%
Other/Unknown	132 (3.1%)	1,598 (3.9%)	3.9%
Total			100 %

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

**Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2009**

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849

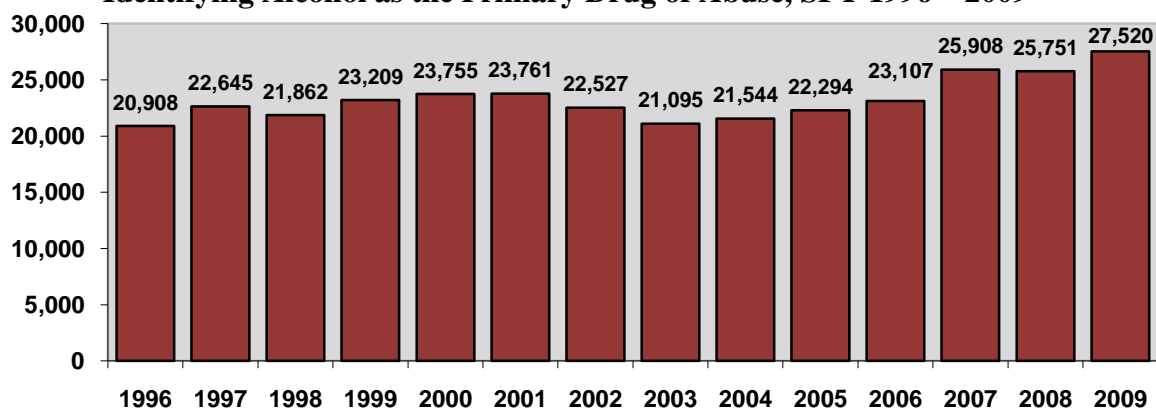
*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

According to the IDPH Division of Behavioral Health substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 44,849 clients screened/admitted in FY 2009, double the number 16 years ago. See Figure 6b.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2008 was 52.3 %, the employment rate was 47.6% and 84.3% of treatment clients were arrest free during this time period.

Figure 7 – The Number of *Adult* Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2009

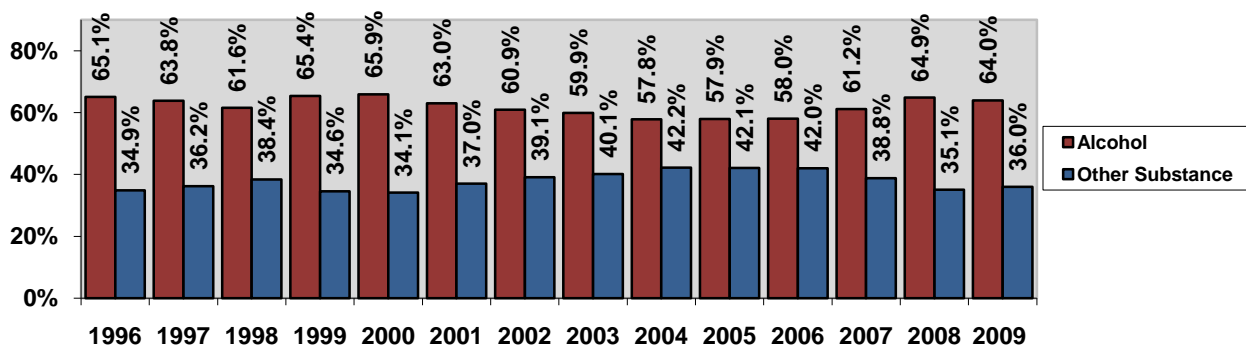


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

IDPH data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 30.5% from 2003 to 2008. More people were screened/admitted for alcohol in 2009 than any other year since 1992. See Figures 6b and 7.

As a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine in the late 1990s. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased at a faster pace than illicit drugs. In 2008, the percentage of alcohol admissions reached its highest peak since 2000, and in 2009 this percentage remained steady. As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. See Figure 8.

Figure 8 – Primary Substance of Abuse for *Adults* Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

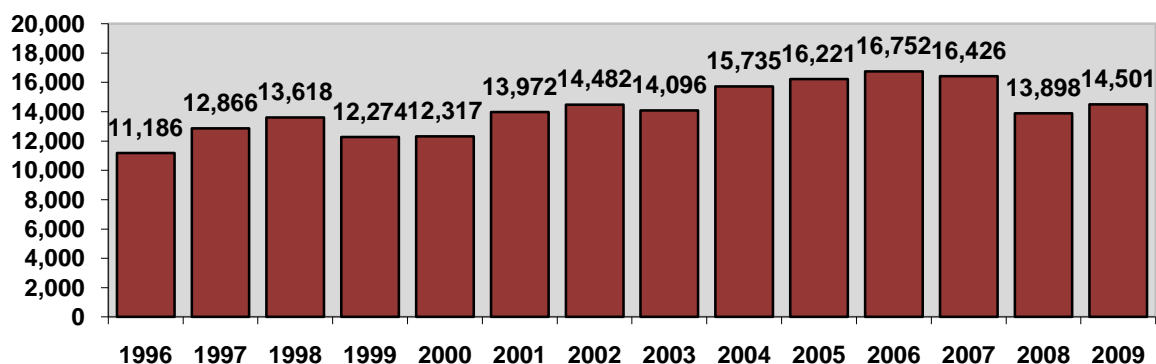
Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses.

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 30.7% of the convictions for indictable misdemeanors and felonies.

Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. IDPH, Division of Behavioral Health, SARS/I-SMART data indicate the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number decreased for two years and rose again in SFY 2009. That trend is displayed in Figure 9.

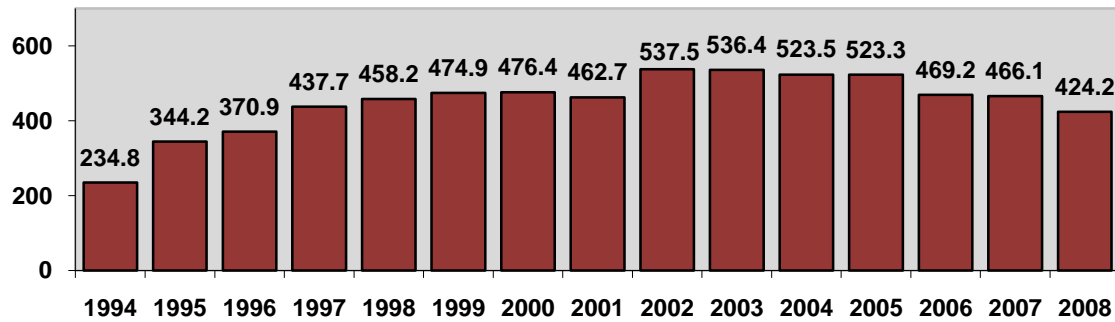
Figure 9– Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past five years, the arrest rate for drug offenses remains nearly double the rate reported by DPS in 1994. See Figure 10.

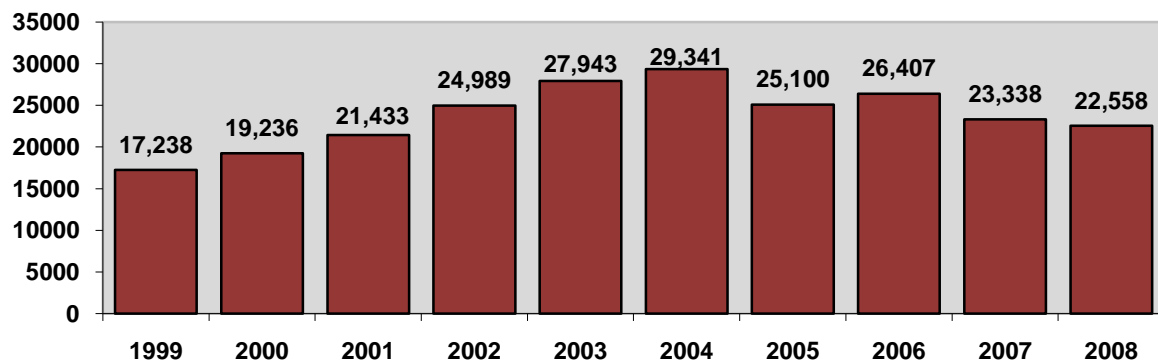
Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2008



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

Figure 11 –Drug Charges Disposed, CY 1999 – 2008

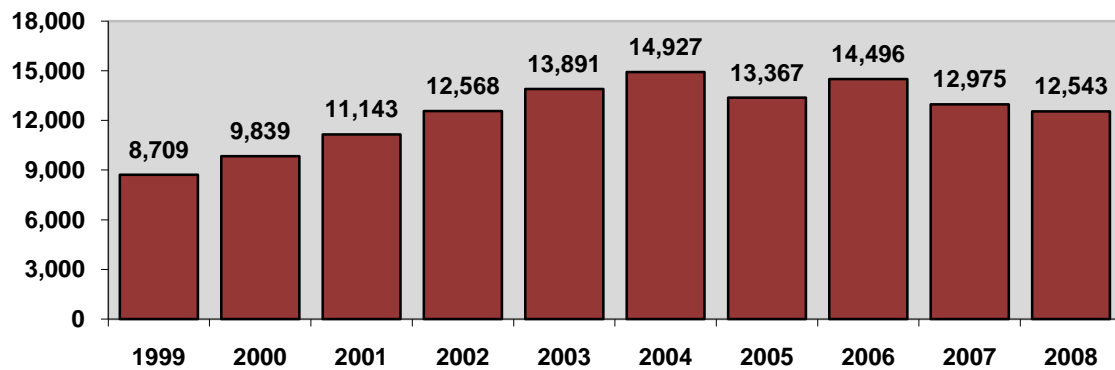


Source: Criminal and Juvenile Justice Planning

**Charges and convictions included in Figures 11 and 12 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays a 23.1% decrease from 2004 to 2008 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions also decreased (15.9%). See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 26.2% of the charges and 23.6% of the convictions for indictable misdemeanors/felonies in CY 2008.

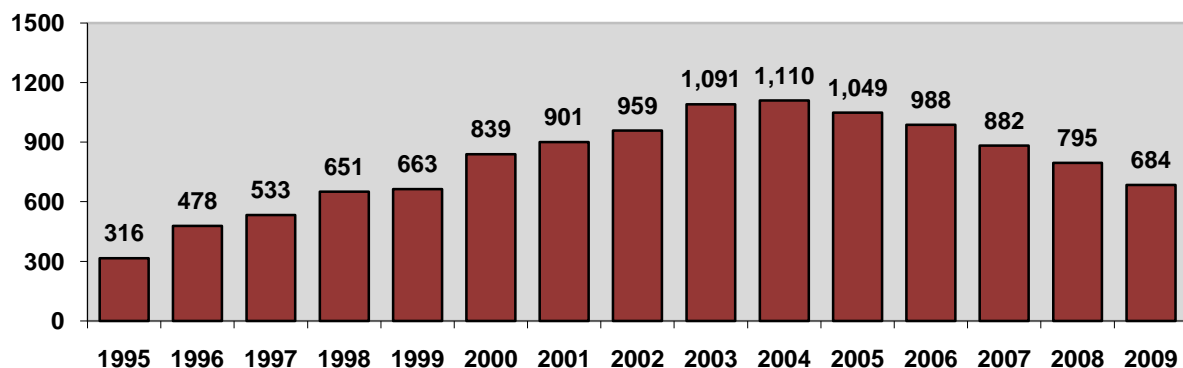
Figure 12 –Drug Convictions, CY 1999 – 2008



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which has been driven by a decline in meth lab incidents. Detail on drug-related prison admissions by drug type was available beginning with SFY 2005 and is discussed later in this section. It should be noted that data in this section does not include alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

Figure 13 – Drug-Related Prison Admissions, FY 1995 – 2009



Source: Criminal and Juvenile Justice Planning

The data in Figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2009, the Department of Corrections provided substance abuse treatment to only 57.1% of the addicted custodial inmates and 50.2% of the addicted offenders in community corrections. See Figure 14.

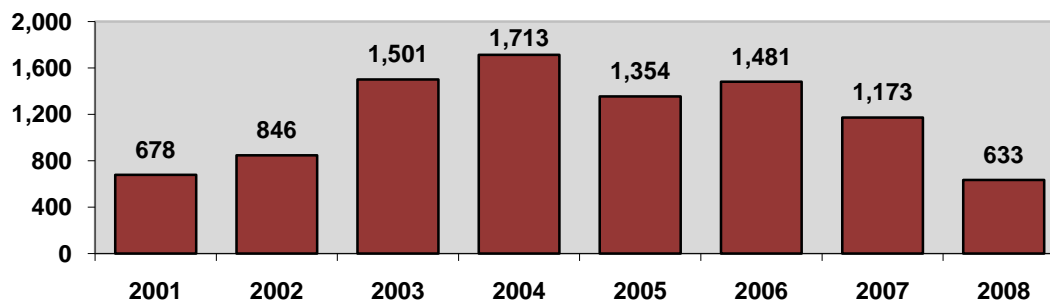
Figure 14 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2009

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
<u>Institutions</u>							
Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440
Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535
Percent	64%	64.9%	61.1%	62.3%	59.9%	58.9%	57.1%
<u>Community Corrections</u>							
Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047	12,434
Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315	6,243
Percent	54.0%	52.6%	49.1%	49.0%	49.3%	48.4%	50.2%

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

Figure 15 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2008



Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

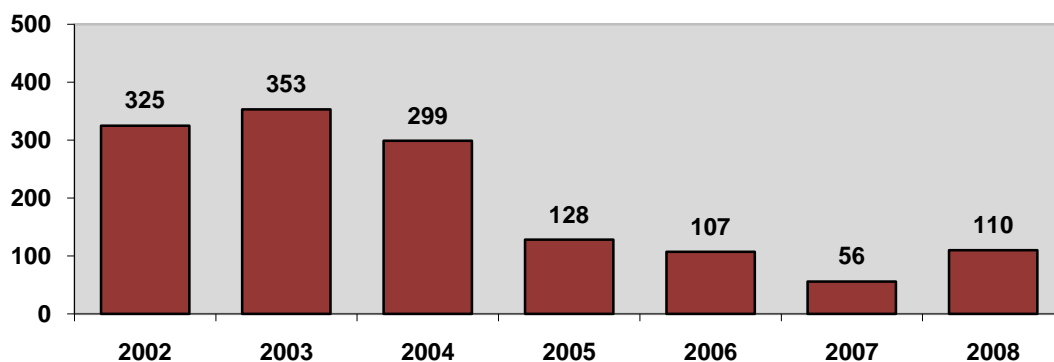
**Beginning in 2008 DHS began drug testing fewer children (see below).*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. For the years since, the number of reported cases has varied, but remains well below the record high reported in 2004. In 2008, DHS discontinued

the practice of testing all children for the presence of drugs, which may account for the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in meth labs across the State. However, along with the rise in meth lab incidents in 2008, the number of children affected by meth labs nearly doubled from 2007. See Figure 16.

Figure 16 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2008



Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

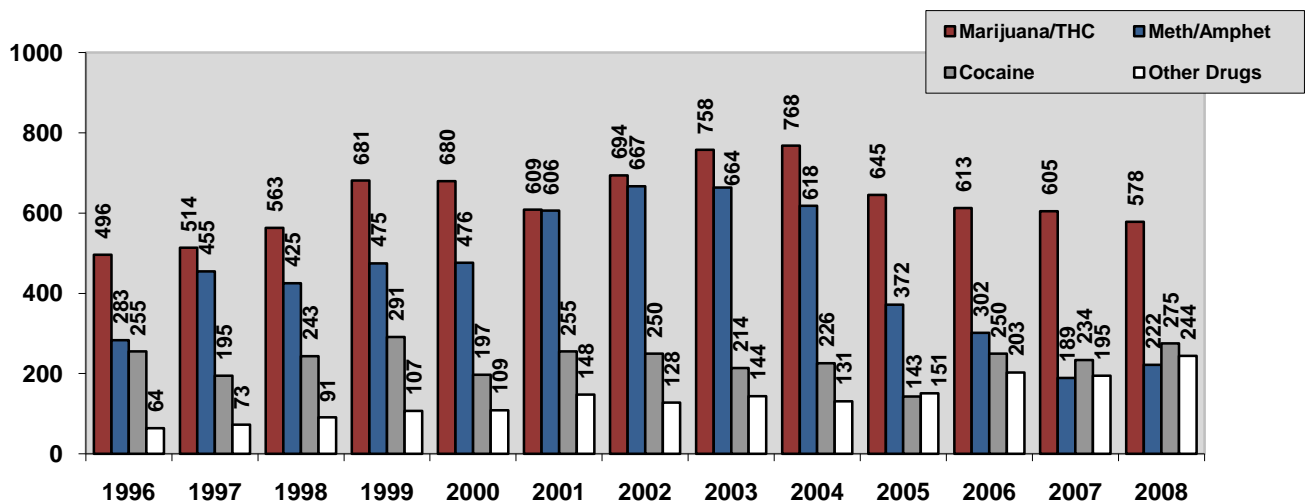
Drug Specific Indicators Data

Marijuana

Data indicate that marijuana is the most prevalent illegal drug and the second most used/abused substance by adults in Iowa, after alcohol. It also appears as though marijuana has held this distinction for quite some time.

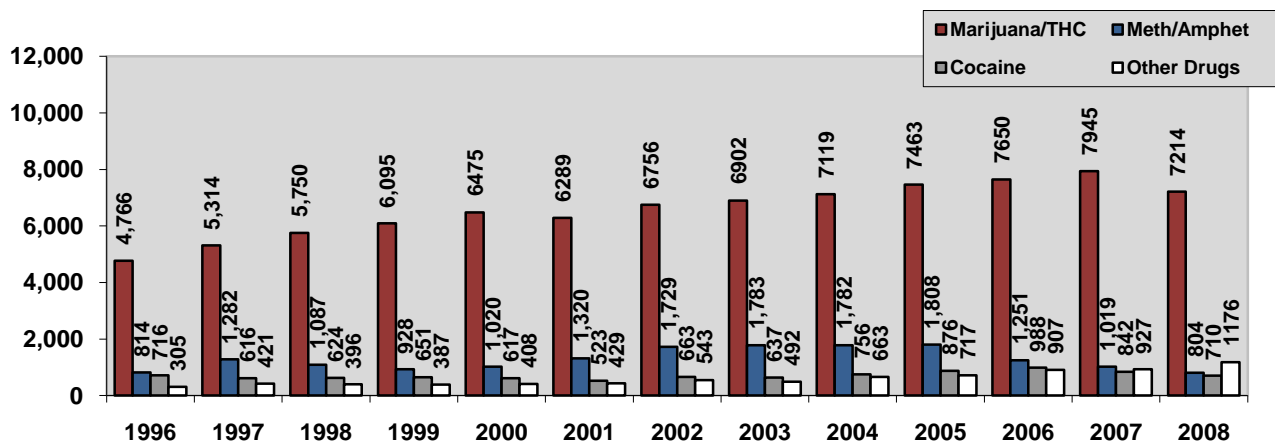
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 17 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2008



Source: Iowa Department of Public Safety

Figure 18 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2008



Source: Iowa Department of Public Safety

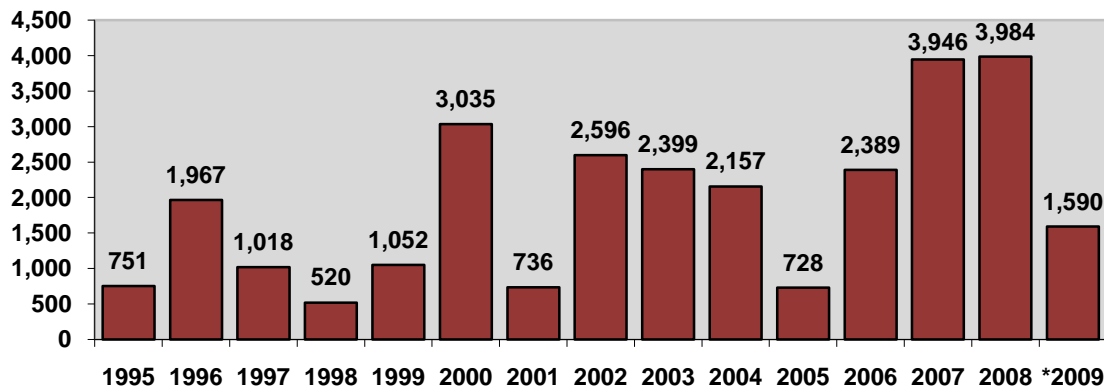
Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2008, nearly 44% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved marijuana. Further, 72.8% of reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it is currently seeing is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number. There has been a steady decline in marijuana manufacturing/distribution offenses since a peak in 2004. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

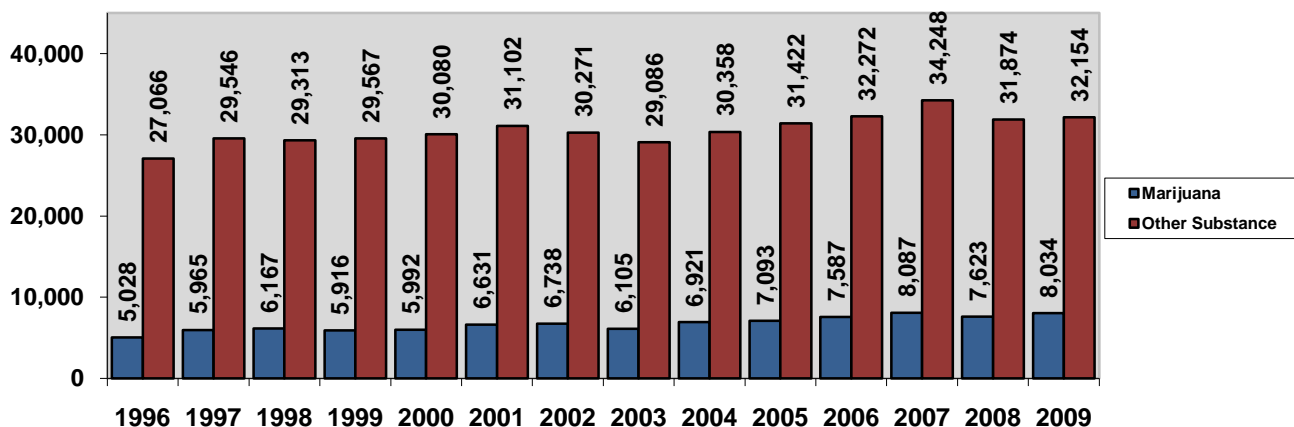
Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – *2008



**Calendar year 2009 through September 30*
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2009. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana can be an addictive drug.

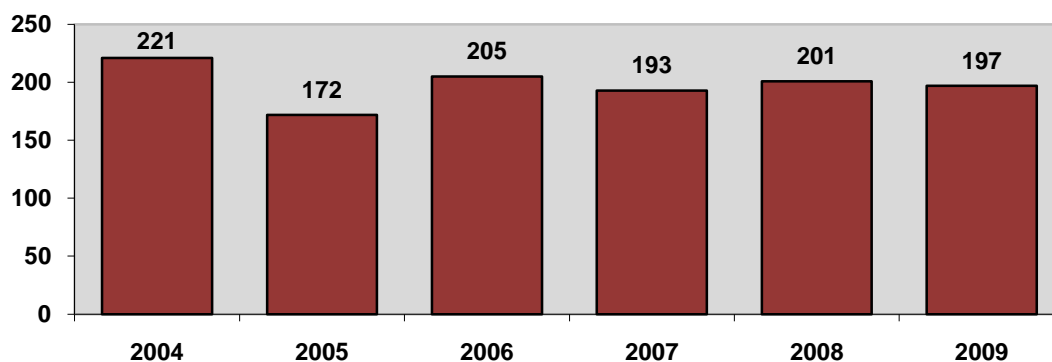
Figure 20– Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Between state fiscal year 1996 and 2009, the IDPH, Division of Behavioral Health, reported an increase of 59.8% in the number of clients screened/admitted with marijuana as their primary drug of choice.

Figure 21 – Marijuana-Related Prison Admissions SFY 2004 - 2009



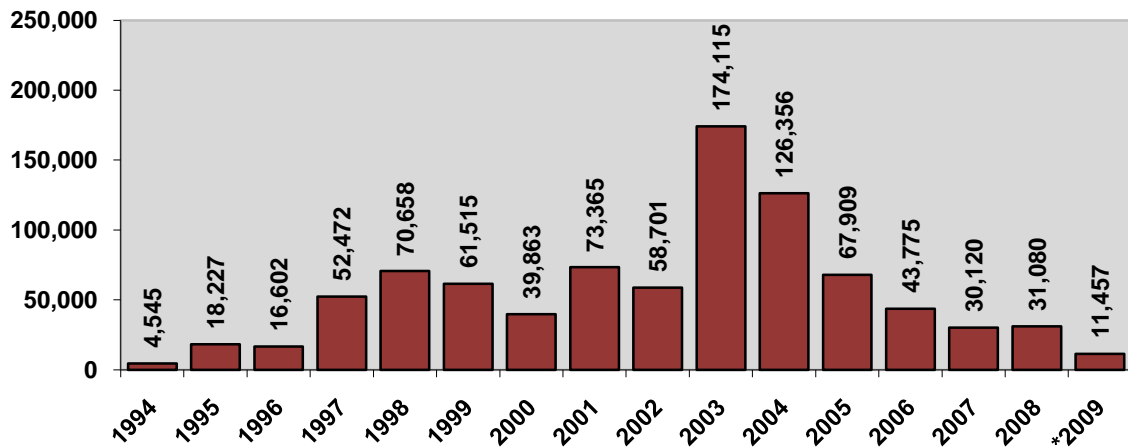
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions remained fairly steady and have represented between 16% and 25% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

In a recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was meth, at 15.8%.

Amphetamine/Methamphetamine

Figure 22 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2009



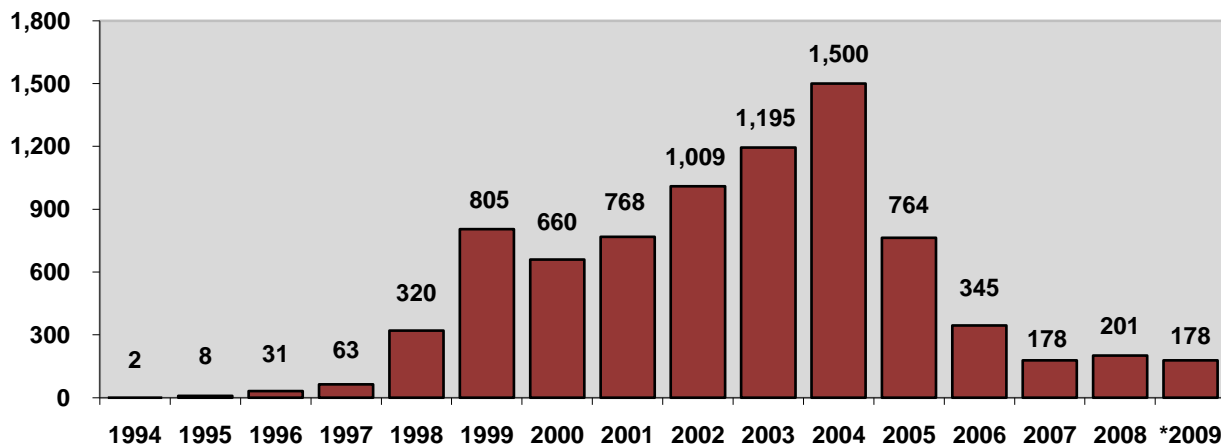
**Calendar year 2008 through September 30*
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine have decreased every year until 2008. As the number of meth labs gradually increases again, so does the number of grams seized.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Through September 30, 2009, law enforcement in Iowa reported an 88% reduction in clandestine labs when compared to calendar year 2004. Because of the resurgence of meth labs, this percentage will likely decrease in coming months and years.

Figure 23 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – *2009



*Calendar year 2009 through September 30
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. The importation of crystal methamphetamine into Iowa has grown in recent years. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

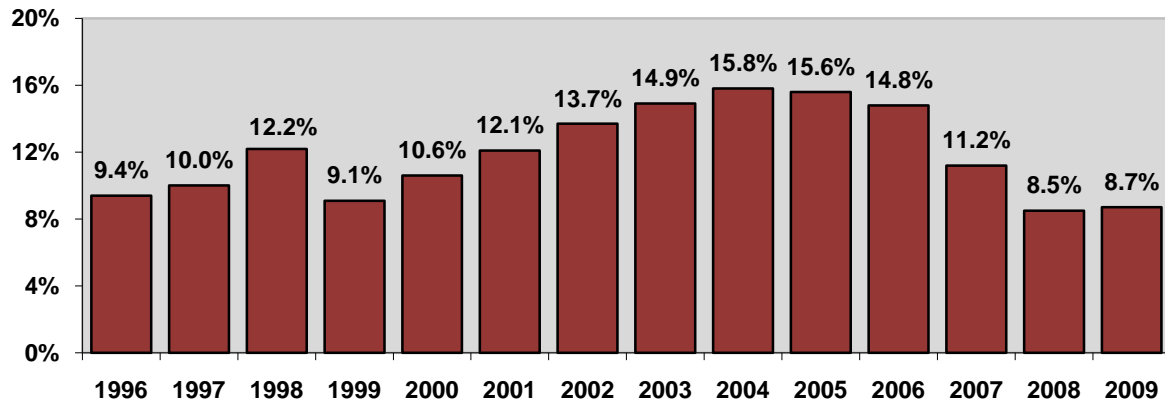
**Figure 24 – Iowa Division of Narcotics Enforcement
Methamphetamine Seizure Price and Purity CY 1996 – *2009**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	*2009
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100	\$88	\$120	\$127	\$123	\$150
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%	38%	40%	41%	40%	50%

*Calendar year 2009 through September 30
Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures that are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity and there are anomalies.

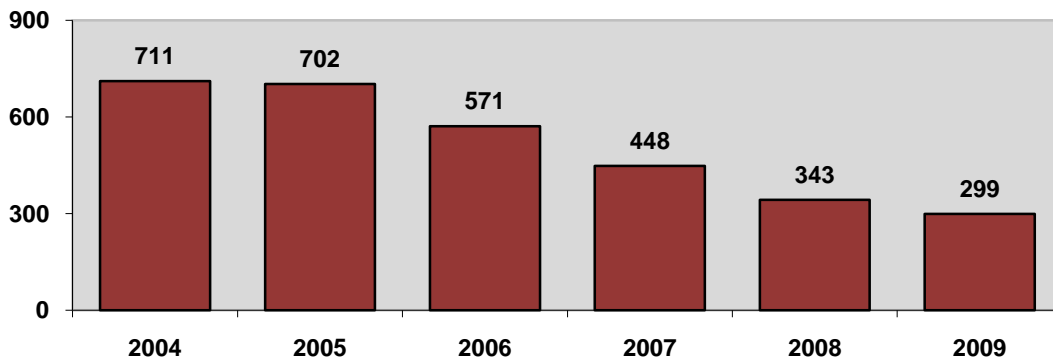
Figure 25 – Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Prior to the emergence of what has been referred to as Iowa’s “methamphetamine epidemic” in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with the increase in meth lab activity, the percentage rose slightly in 2009. See Figure 25.

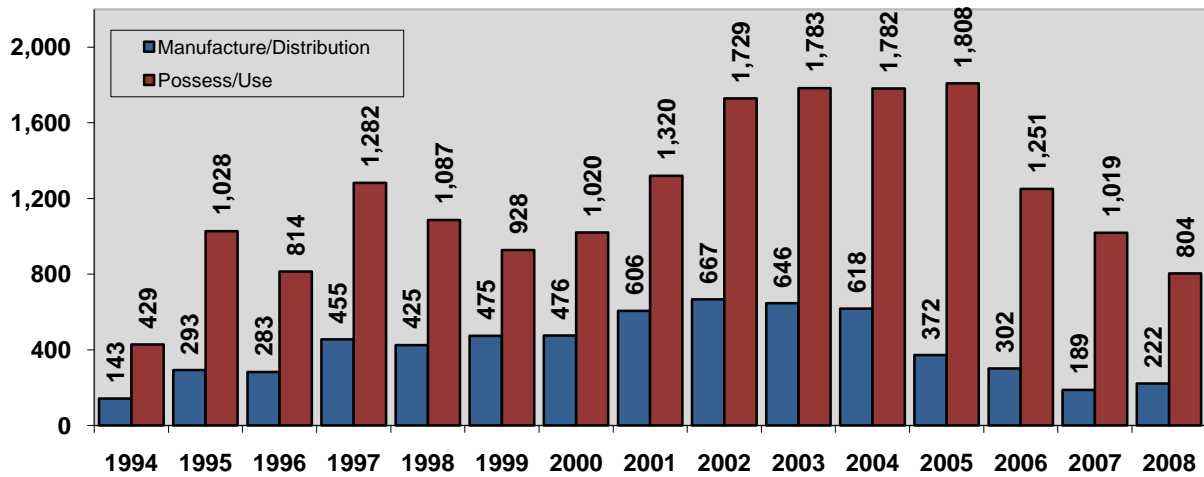
Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2009



Source: Criminal and Juvenile Justice Planning

For the period of time for which the drug type is known, methamphetamine-related prison admissions have decreased 57.9%. This reduction in methamphetamine admissions has driven the overall decrease in drug-related prison admissions reported in recent years. See Figures 26 and 13.

Figure 27 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2008



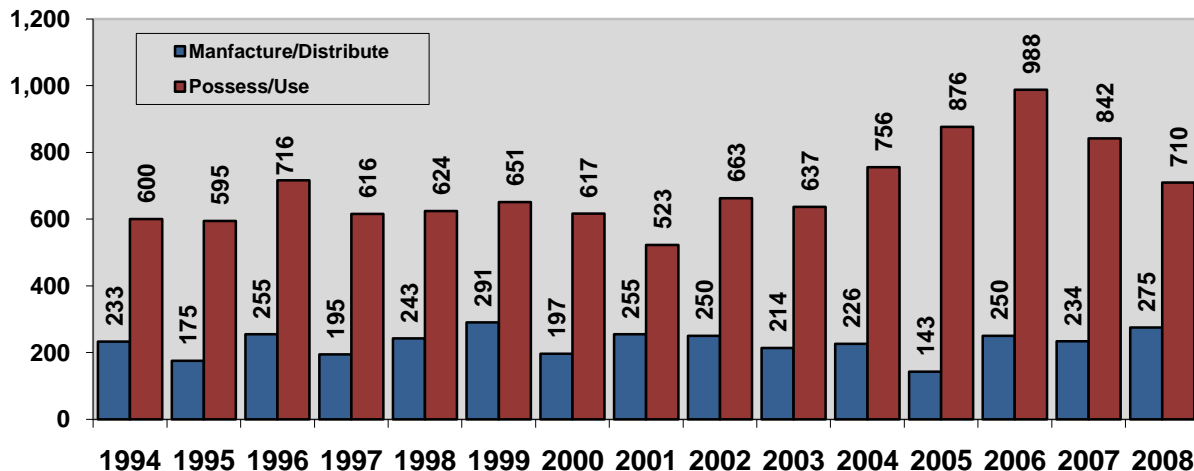
Source: Iowa Department of Public Safety

The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively). However, with the resurgence in meth lab incidents across the state, the number of offenses involving manufacturing/distribution has begun to rise. See Figure 27.

Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2008

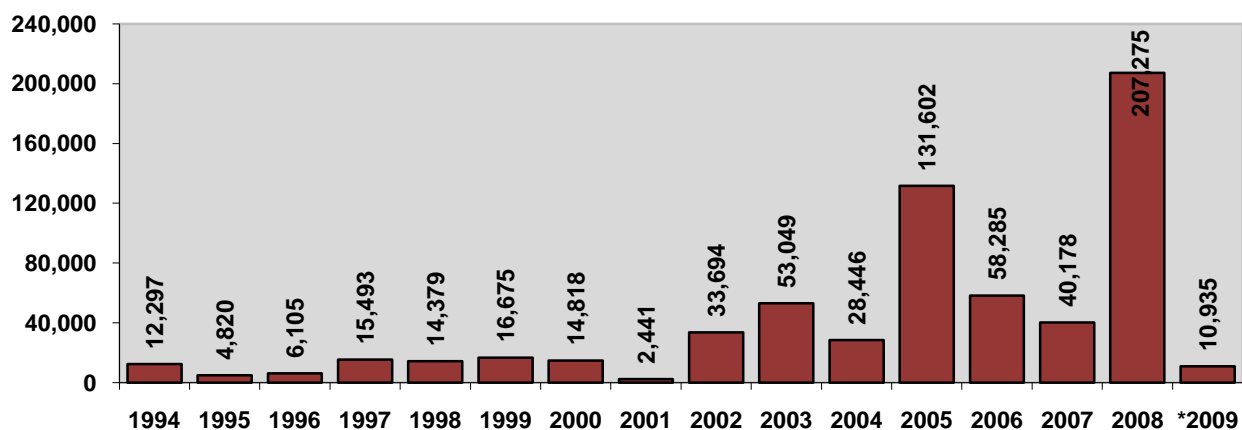


Source: Iowa Department of Public Safety

Figure 28 illustrates that arrest rates for cocaine have varied a great deal for the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 population. However, that number has since increased. There were more manufacturing/distribution arrests for cocaine than for meth in 2008. Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past two years.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have generally declined since then. In 2008, DNE reports having several large cases involving cocaine salt, therefore the grams seized in 2008 were at an all-time high. See figure 29.

Figure 29 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – *2009



*Calendar year 2009 through September 30

Source: Iowa Department of Public Safety

As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

**Figure 30 – Iowa Division of Narcotics Enforcement Cocaine
Seizure Price and Purity CY 1996 – 2007**

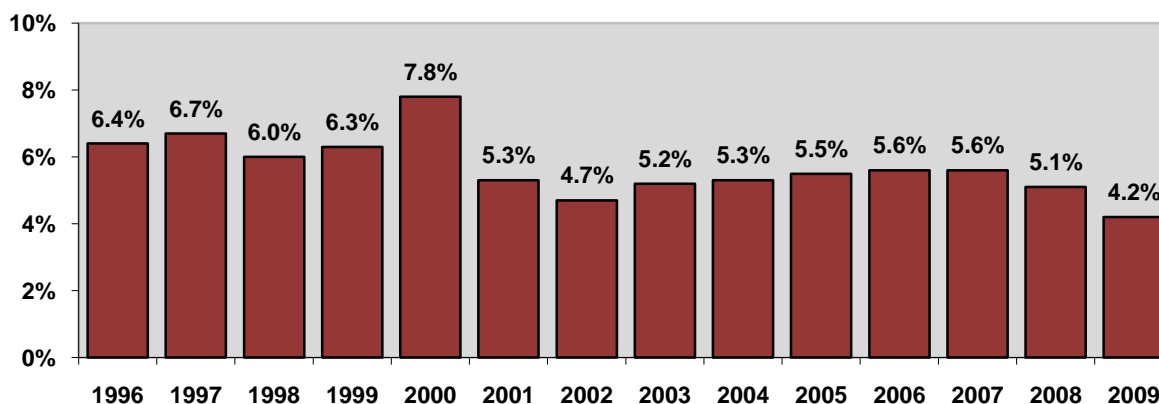
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100	\$110	\$110	\$93	\$80	\$100
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%	N/A	N/A	N/A	N/A	N/A

**Calendar year 2009 through September 30*

Source: Iowa Department of Public Safety

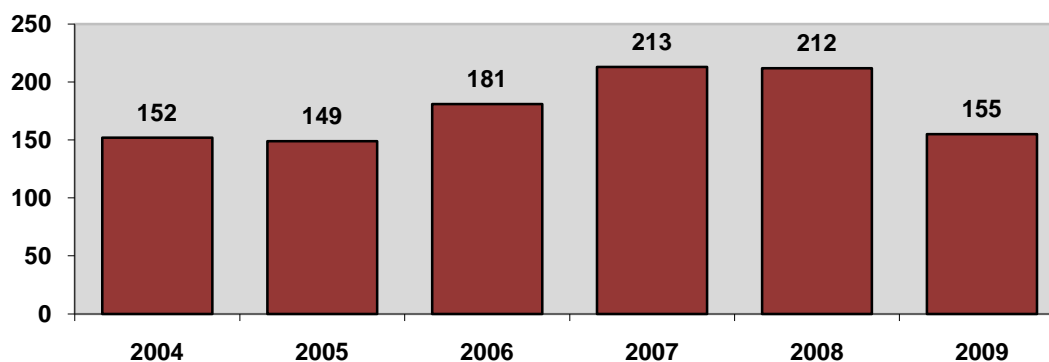
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past two years.

**Figure 31 – Percentage of Adults Entering Substance Abuse Treatment Programs with
a Primary Substance of Abuse of Cocaine, SFY 1996 – 2009**



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 32 – Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 - 2009



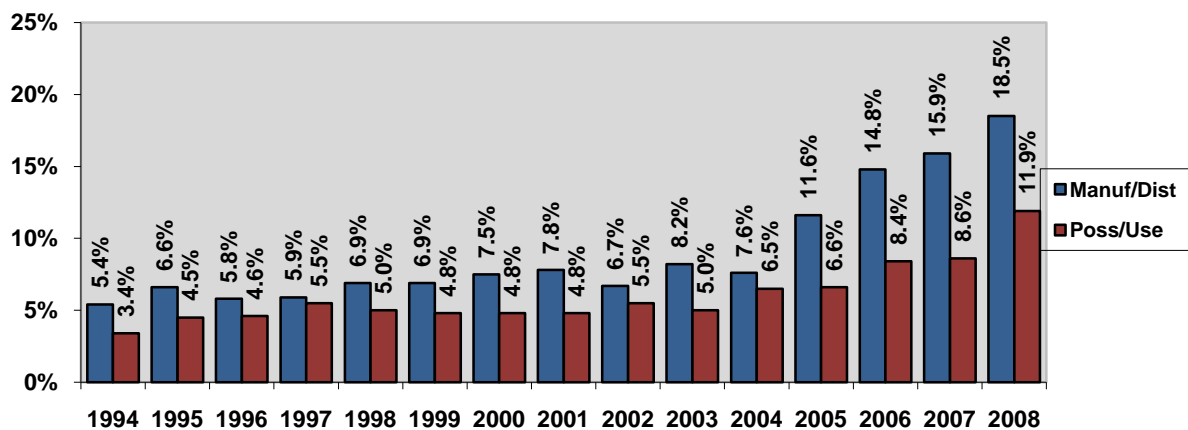
Source: Criminal and Juvenile Justice Planning

Cocaine-related admissions to prison represented nearly 23% of drug-related prison admissions in FY 2009. See Figure 32. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. See Figures 33 & 34.

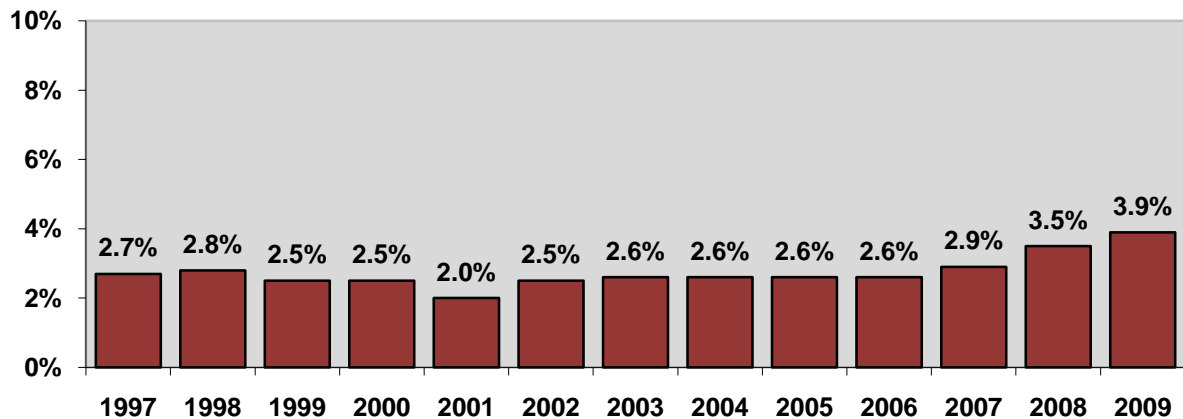
Figure 33 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2008



Source: Iowa Department of Public Safety

During the fourteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, especially over the past four years, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

Figure 34 – Percentage of *Adult* Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 90% of adults screened/admitted for treatment.

So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Prescription and Over the Counter Medications

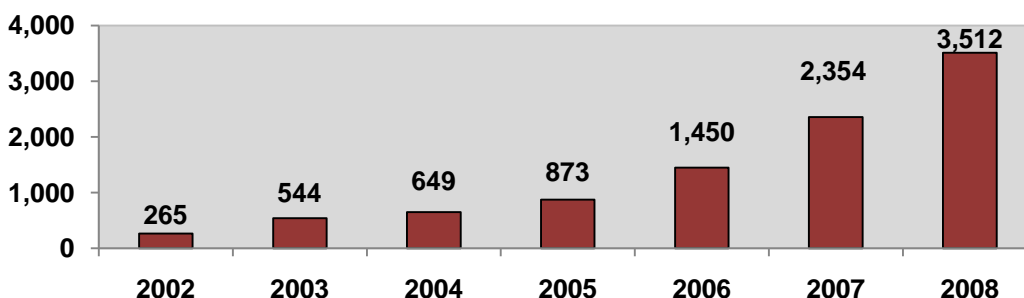
The abuse of prescription drugs is an emerging problem across the United States and in Iowa. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement, the number of pharmaceutical cases opened in CY 2008 was 243% higher than the number of cases opened in CY 2007. The number of units of pharmaceuticals seized by DNE in CY 2008 increased 412% from the total seized in CY 2007. Similarly, treatment centers are beginning to report increases in prescription drug abuse by their clients.

In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which

averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%. For adults aged 18-25, use increased 18.3%; and for those aged 26 or older, use increased 15.1%.

In Iowa, public calls to the Statewide Poison Control Center to identify Hydrocodone and Oxycodone pain pills have increased **1,225%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. See Figure 35. The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. Data from the Iowa Prescription Drug Monitoring Program shows that hydrocodone is the most frequently prescribed controlled substance in the state, with over 28 million doses being prescribed to Iowans in less than six months, from January to June 2009.

Figure 35 – Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)

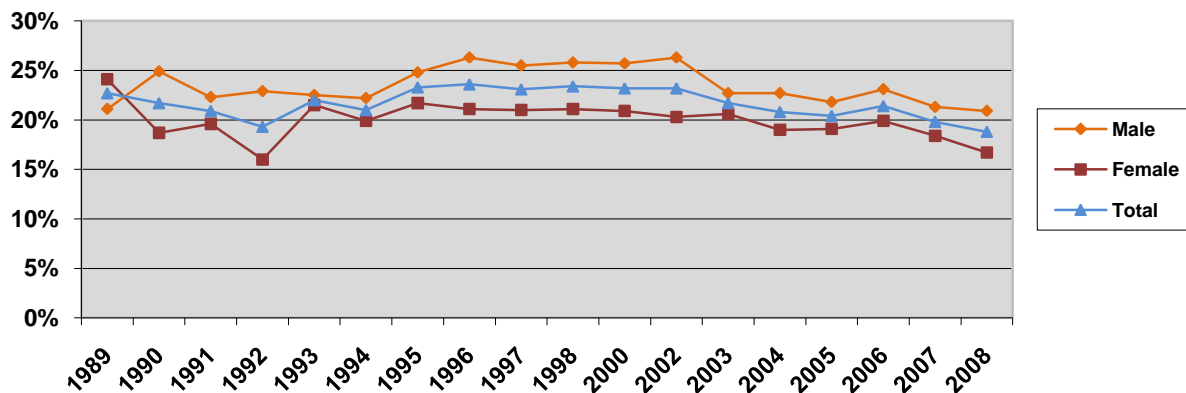


Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

Figure 36 – Percentage of Current Male, Female & Total Smokers, CY 1989 - 2008



Source: Centers for Disease Control

In 2008 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1st, 2009, the federal cigarette tax rate increase that took effect April 1st, 2009, and the current economic recession.

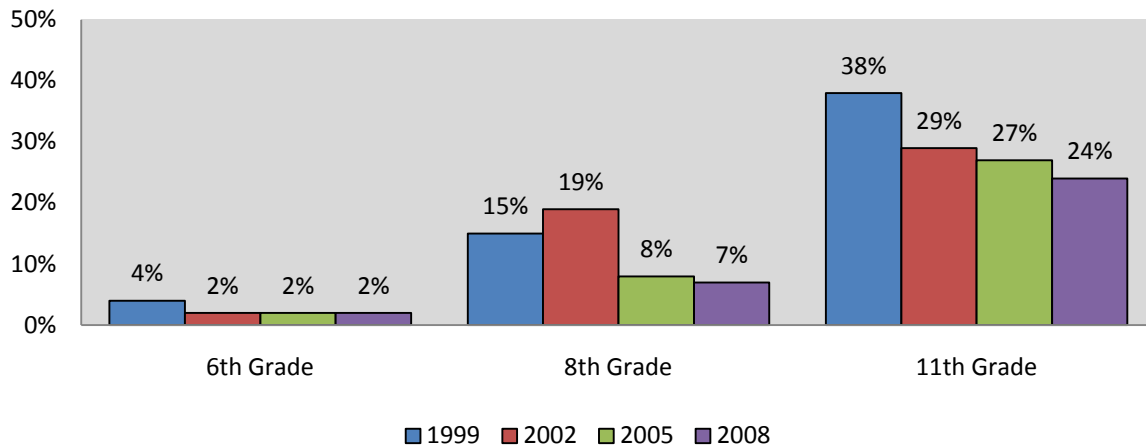
The Department of Public Health also reports that Quitline Iowa remains busy, with 44,322 people looking for help giving up tobacco during fiscal year 2008-2009. Over 21,000 clients called during FY 2009, including 1,062 people who reached out the week the federal tobacco tax took effect in April 2009. Quitline Iowa reported a total of 23,243 calls in FY 2008, up from 5,117 calls in FY 2007. Most of this increase can be traced back to nicotine patches, gum, and lozenges that were offered for free to any Iowan regardless of income. Even though Quitline Iowa is one of the most successful programs of its kind in the nation – reaching about 5% of Iowa's smokers each year – most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year.

Iowa's Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted by the Iowa Department of Public Health, Division of Behavioral Health, in conjunction with Criminal and Juvenile Justice Planning, the Department of Education, and the Department of Human Services every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results returned in the spring of 2009. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999, a total of 85,426 students responded, and in 2008, that number increased to 97,741. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

Tobacco

Figure 37 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999 through 2008

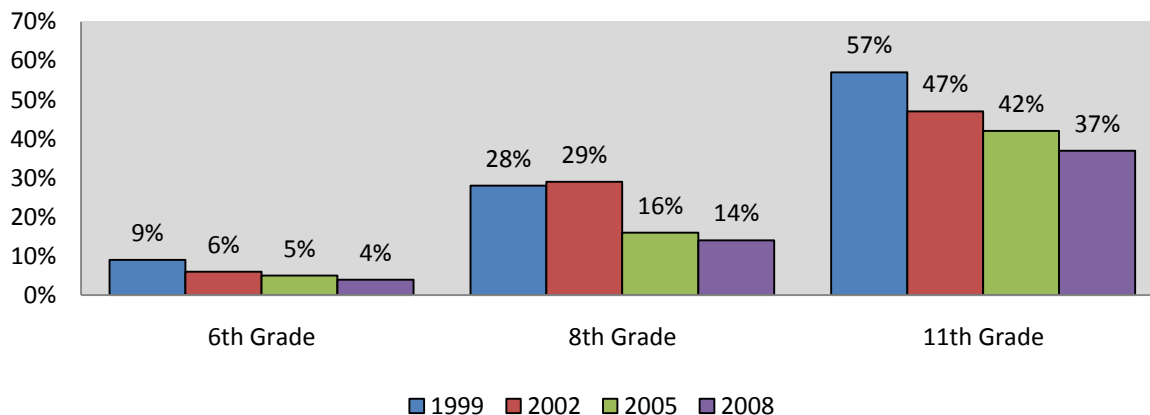


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

In 2008, less than one quarter of eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2008, 7% of 8th graders reported current tobacco use, a decline of 63% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped by over half to 14% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11th grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005 and 2008, with 37% of students in grade 11 reporting past use of tobacco in 2008.

Figure 38 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999 through 2008

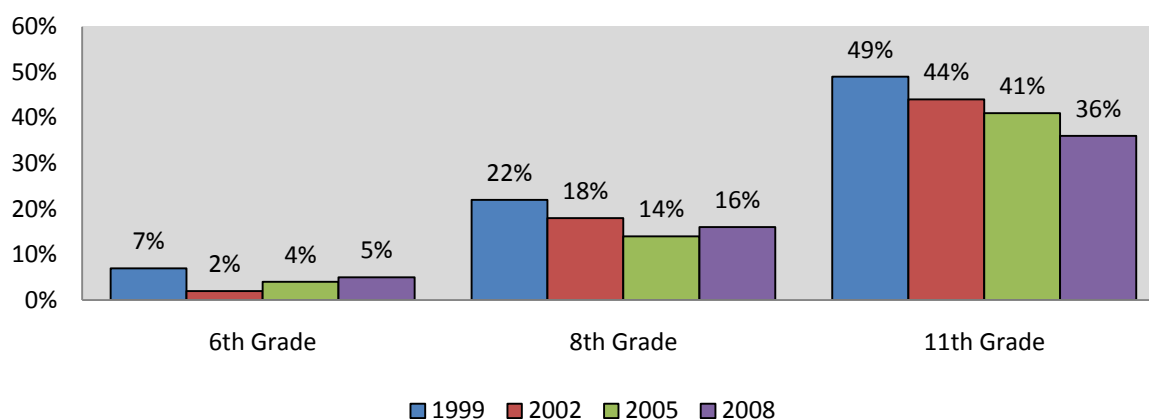


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Alcohol

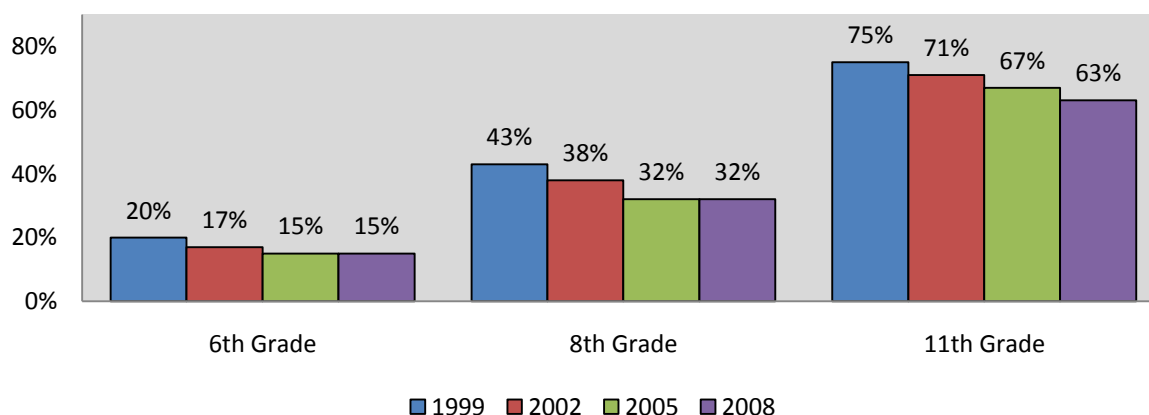
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 39, 40, and 41.

Figure 39 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

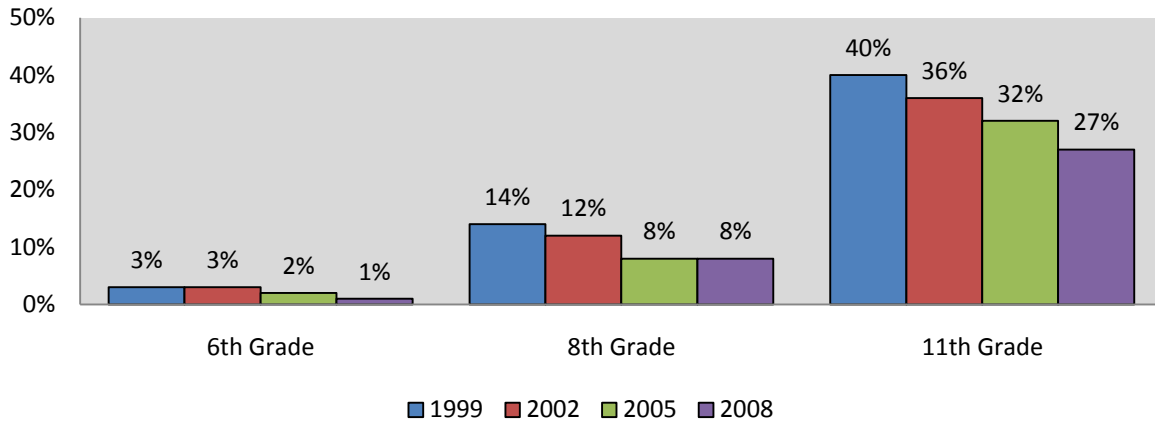
Figure 40 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

While there have been decreases since the 1999 IYS, the data indicate that in 2008 over one third (36%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that more 8th grade students reported current use (consumed one or more drink in the past 30 days) of alcohol in 2008 than in 2005. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady. See Figure 40.

Figure 41 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999 through 2008

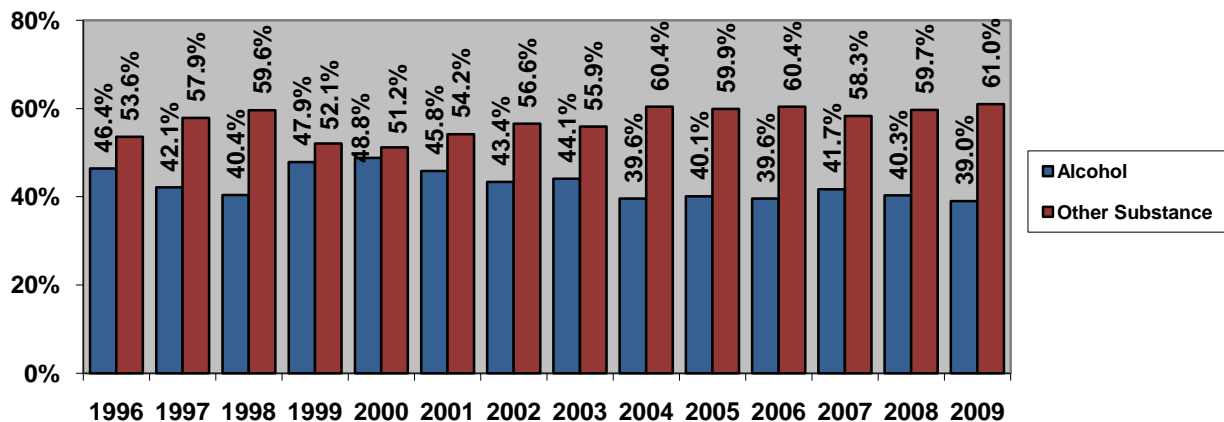


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, over one quarter of 11th graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2008 National Survey on Drug Use and Health (NSDUH) data, 17.2% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11th graders in Iowa. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 41.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 42.

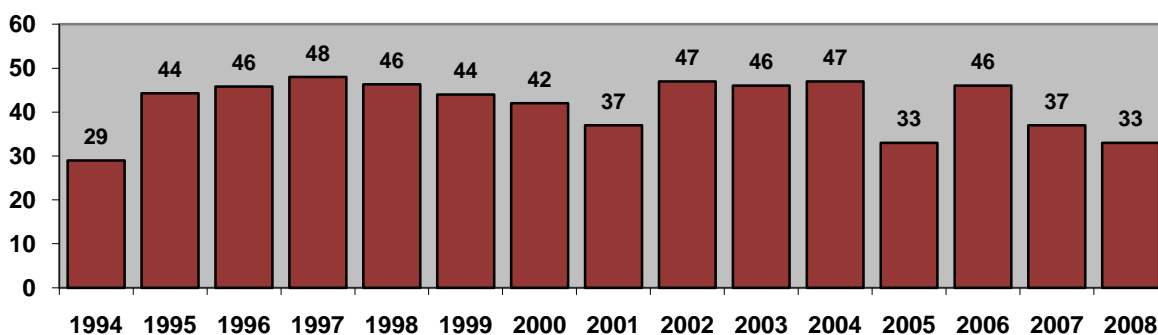
Figure 42 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

For the fifteen-year reporting period, juvenile OWI arrest rates have ranged from 29 to 48 per 100,000 population. Reports for the past four years have varied a great deal. See Figure 43.

Figure 43 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2008



Source: Iowa Department of Public Safety

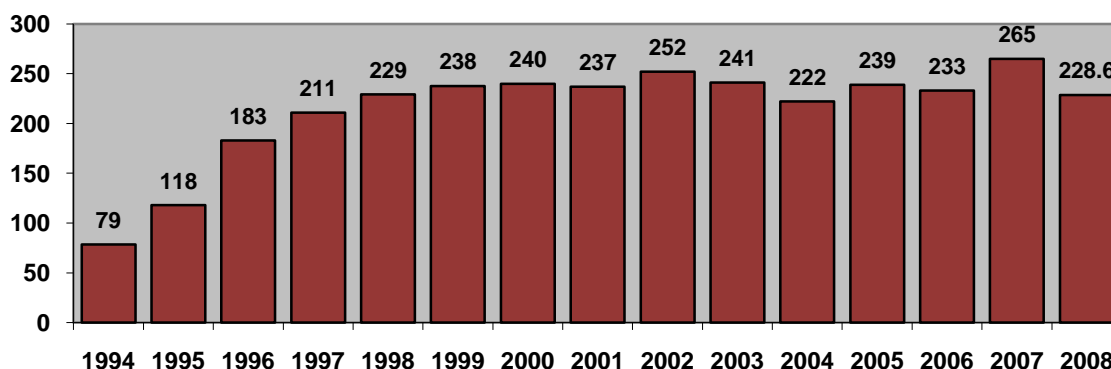
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over-the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 44.

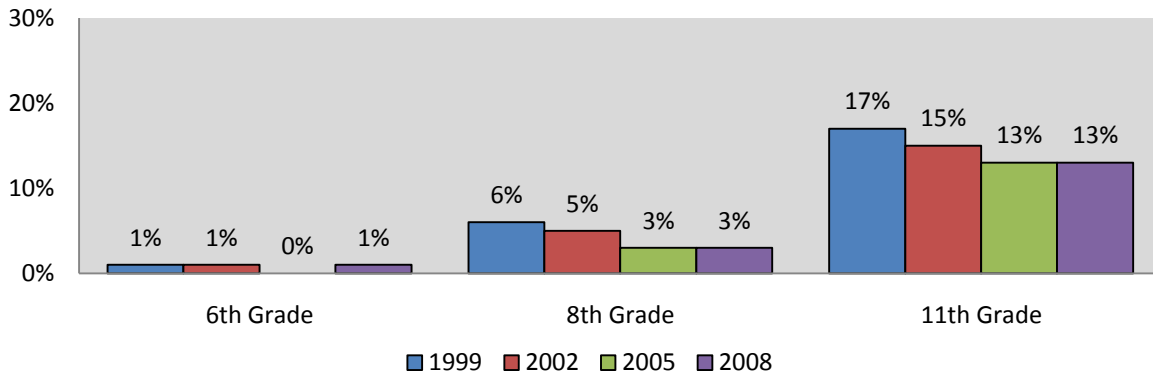
Figure 44 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2008



Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, marijuana use has remained constant. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2008, 13% of 11th graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

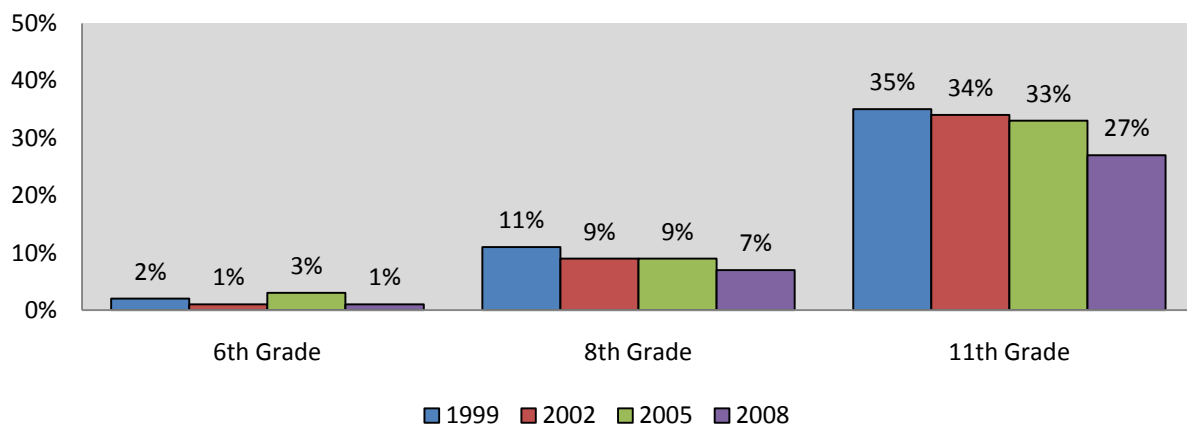
Figure 45 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 27% in 2008. See Figure 46.

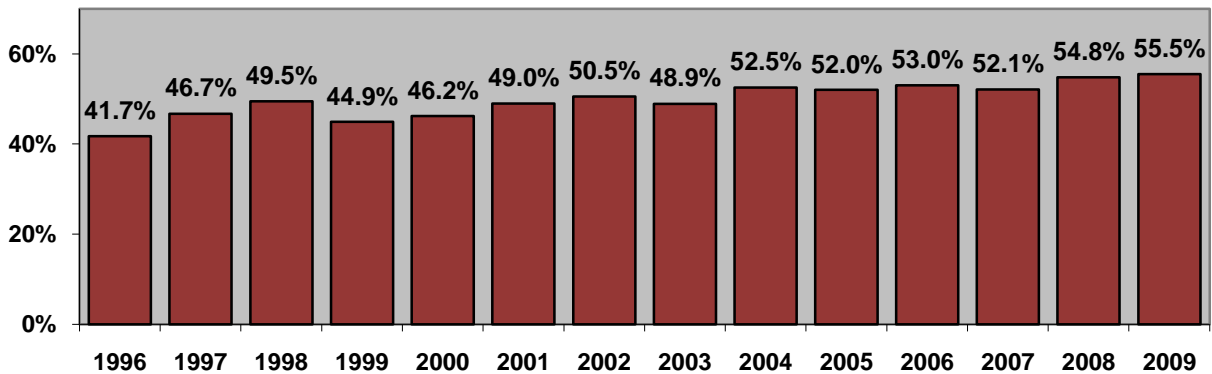
Figure 46 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Substance abuse reporting system data as shown in Figure 47 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2009, the greatest percentage of youth ever were screened/admitted for marijuana.

Figure 47 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2009

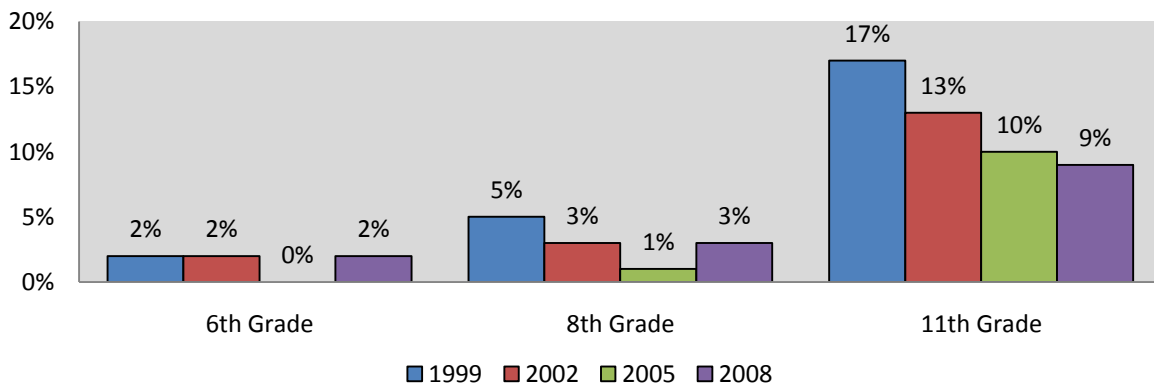


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Amphetamine/Methamphetamine

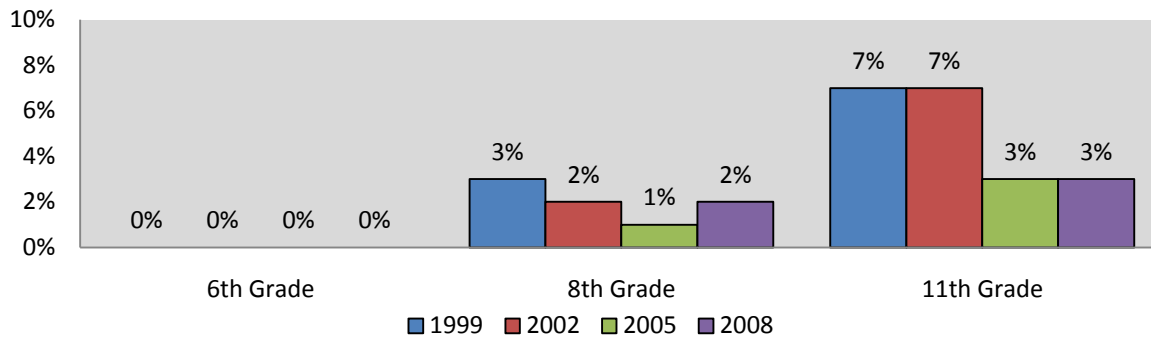
According to the 2008 Iowa Youth Survey amphetamine and methamphetamine use has remained relatively stable. The percentage of eleventh grade students reporting “ever” using these drugs dropped from 17% to 9% - an indication that fewer students, although still too many, are using these drugs. See Figures 48 and 49.

Figure 48 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

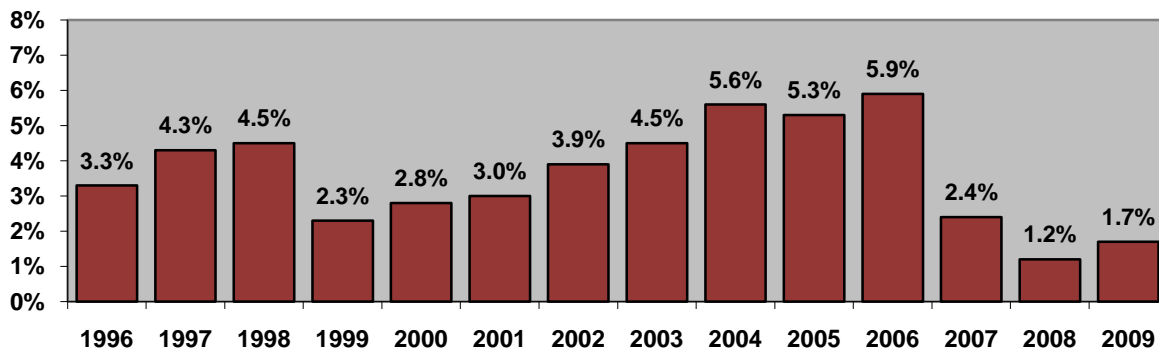
Figure 49 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Following several years of increasing youth screening/admissions for amphetamine/methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2009, and the number has remained low for the past 3 years. See Figure 50.

Figure 50 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2009

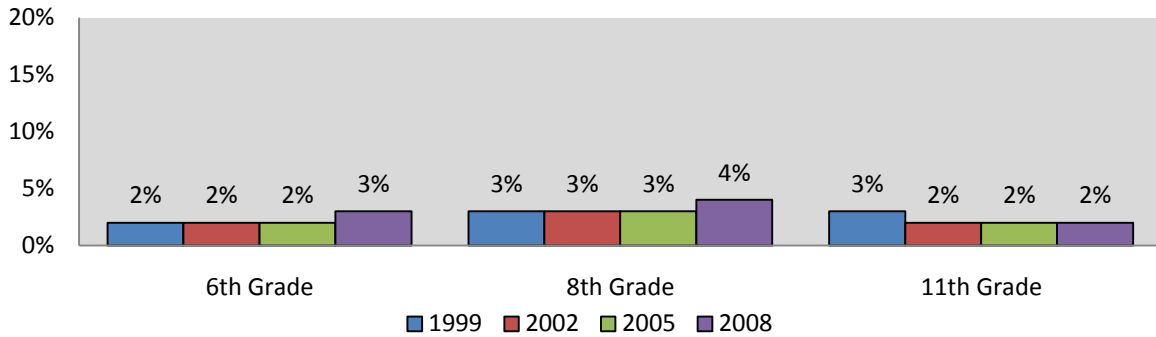


Source: Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART

Inhalants

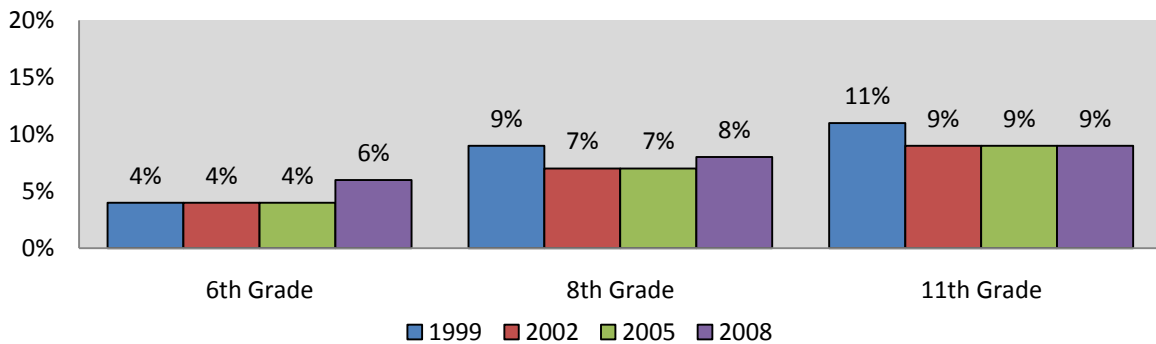
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2008, inhalants are the only drug to have stayed the same or increased for all grades in both current use and lifetime use. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 51 and 52.

Figure 51 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

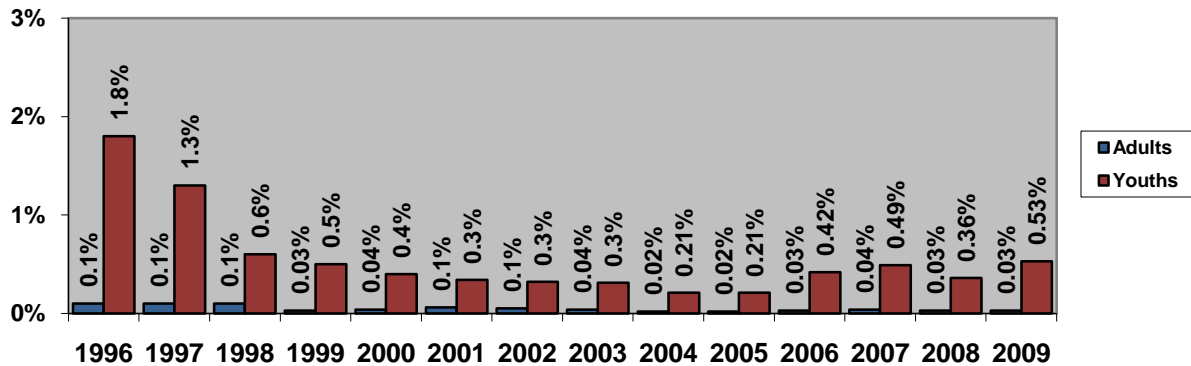
Figure 52 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has remained steady in recent years, representing approximately one half of one percent of youth screened/admitted to substance abuse treatment. See Figure 53.

Figure 53 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2009

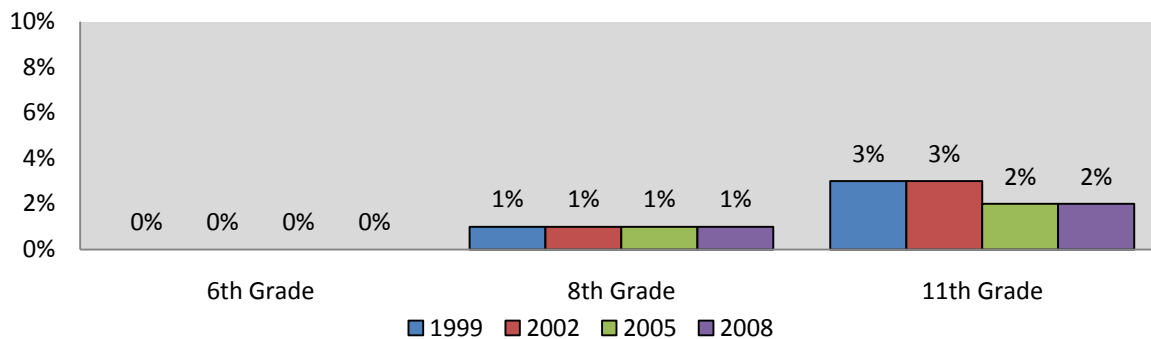


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Cocaine

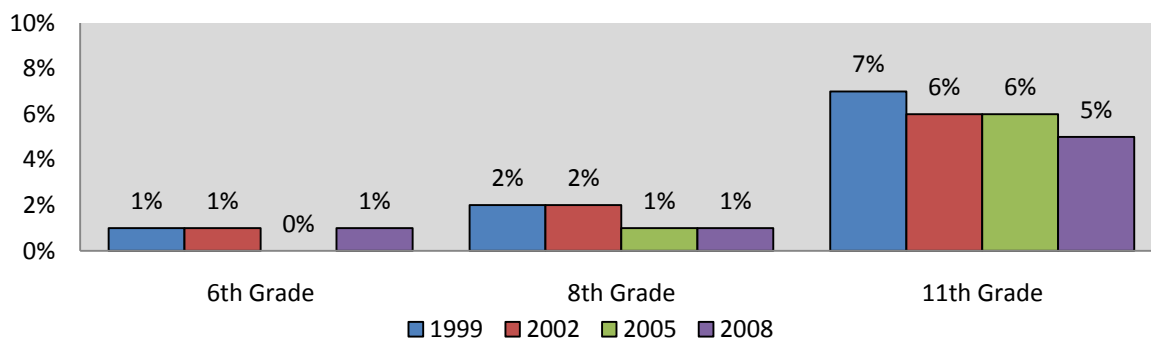
There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008. See Figures 54 and 55.

Figure 54 - Percent of Student Self-Reporting the Current Use of Cocaine 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

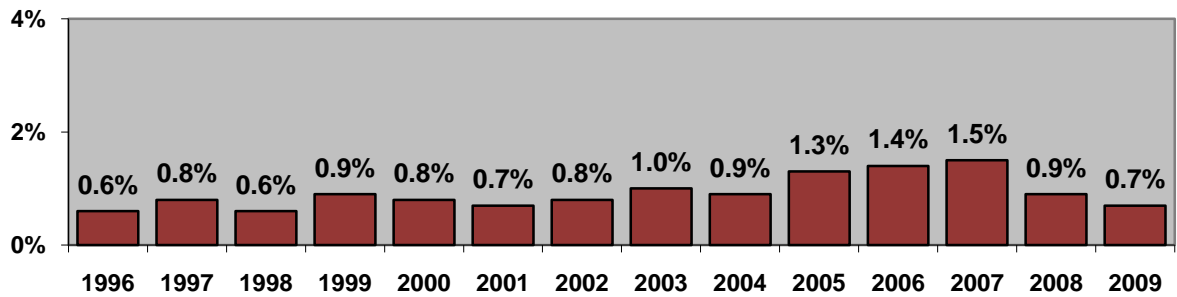
Figure 55 – Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 56.

Figure 56 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2009



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. In the 2008 National Drug Control Strategy, the Office of National Drug Control Policy reported prescription drugs are the only major category of illegal drug use to have risen since 2002. The trends are clear. In 2007, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use, and among 18 to 25 year-olds, it has increased 17 percent over the past 3 years. According to the 2007 National Survey on Drug Use and Health (NSDUH), there were 2.5 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day. Based on annual averages from the NSDUH, the non-medical use of pain relievers increased from the 2004-2005 survey to the 2005-2006 survey. For youth aged 12-17, use increased 8%.

According to the Partnership for a Drug-Free America, 2007 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high, and one in ten report abusing cough medicine to get high.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2007 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about “appropriate” use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

According to the 2008 Iowa Youth Survey, seven percent of 11th grade students report prescription or over-the-counter drug abuse in the past 30 days.

Figure 57 - Percent of Student Self-Reporting the Current Use of Prescription Medications 2005 and 2008

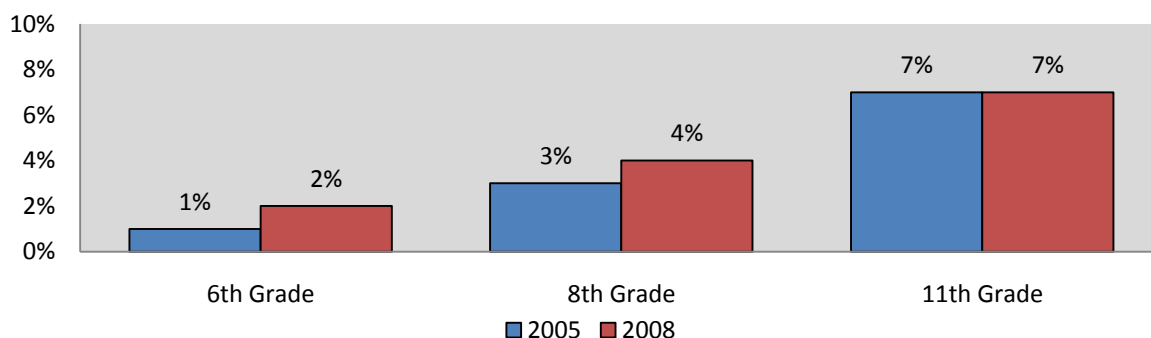
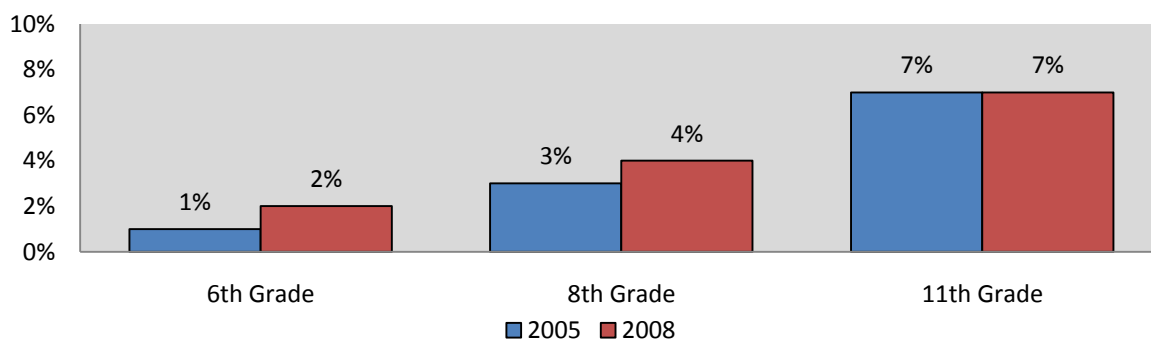


Figure 58 - Percent of Student Self-Reporting the Current Use of Over-the-Counter Medications 2005 and 2008



Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

